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1992-2012
YEARS STRONG



DEPARTMENT OF HEALTH & HUMAN SERVICES


Behavioral Health is Essential To Health



Prevention Works

Treatment is Effective


People Recover




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HEALTH SOLUTIONS

**Sharing Integration Innovations.
What Works, What Doesn't Work?
Community of Practice (CoP)**

Thursday, February 23, 2017



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If you dialed in to this webinar on your phone please use the "raise your hand" button and we will open up your lines for you to ask your question to the group. (left)

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. (right)

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**Slides for today's CoP are available on
the CIHS website at:**

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/communities-of-practice>

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Today's Agenda

1. Welcome and Introductions
2. Innovations in HIV Prevention
3. Innovations in Viral Hepatitis Prevention
4. Group Discussion

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PrEP

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What is PrEP?

PrEP Basics


PrEP stands for **Pre-Exposure Prophylaxis**

The word "prophylaxis" means to prevent or control the spread of an infection or disease

PrEP can help prevent you from getting HIV if you are exposed to the virus

PrEP is an HIV prevention option that works by taking **one pill every day**

1 PILL DAILY

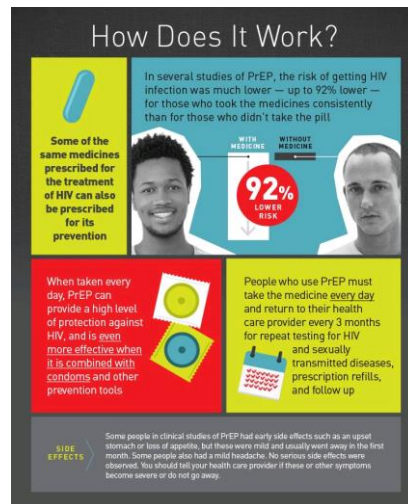


<https://www.cdc.gov/actagainstaids/pdf/campaigns/starttaking/stsh-prep-infographic-basics.pdf>

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How PrEP works



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PrEP History

- Combination drug (TDF and FTC) known as Truvada approved in 2012
 - Interim guidelines followed
- Comprehensive Clinical guidelines released in 2014 by US Public Health Service
- In all studies risk of HIV infection was 92% lower
 - <https://www.cdc.gov/hiv/research/biomedicalresearch/prep/index.html>

https://www.cdc.gov/hiv/pdf/PrEP_fact_sheet_final.pdf

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Poll

At my organization we have:

- A. Never discussed or considered implementing PrEP
- B. Discussed and formally considered implementing PrEP
- C. Started the process of training staff and implementing PrEP
- D. Implemented providing PrEP to our clients

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PrEP Guidance

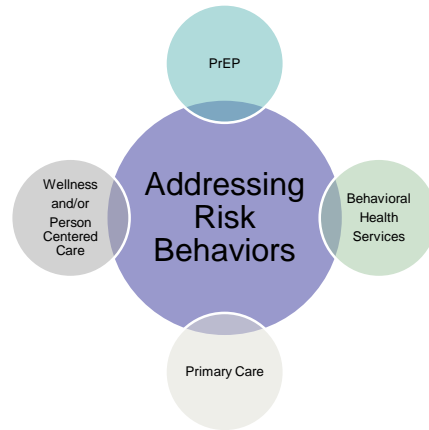
Summary of Guidance for PrEP Use			
	Men Who Have Sex With Men	Heterosexual Women and Men	Injection Drug Users
Detecting substantial risk of acquiring HIV infection:	<ul style="list-style-type: none"> Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work 	<ul style="list-style-type: none"> Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work Lives in high-prevalence area or network 	<ul style="list-style-type: none"> HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)
Clinically eligible:	<ul style="list-style-type: none"> Documented negative HIV test before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function, no contraindicated medications Documented hepatitis B virus infection and vaccination status 		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90 day supply		
Other services:	<ul style="list-style-type: none"> Follow-up visits at least every 3 months to provide: <ul style="list-style-type: none"> HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STD symptom assessment At 3 months and every 6 months after, assess renal function Every 6 months test for bacterial STDs 		
	<ul style="list-style-type: none"> Do oral/rectal STD testing 	<ul style="list-style-type: none"> Assess pregnancy intent Pregnancy test every 3 months 	<ul style="list-style-type: none"> Access to clean needles/syringes and drug treatment services

Source: US Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States —2014: a clinical practice guideline.

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The Guidance: What's missing?



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Team Approach

- How every staff member matters with PrEP:
 - Front desk personnel knowledgeable and nonjudgmental
 - BH providers supporting healthy decision making
 - PCPs asking open ended questions
 - Wellness staff increasing self-efficacy
 - Peers at all levels of organization supporting clients and informing organizational best practices

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PrEP case study

Think through which of the following clients are highest and lowest risk for HIV:

1. Transgender South Asian woman >30 with long-term monogamous husband
2. White woman <35 with non-monogamous husband
3. Heterosexual African American Male >25 with history of not using condoms
4. White male <50 struggling with depression and IDU
5. Latino MSM with HIV+ male partner who is virally suppressed.

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No Simple Answers

- Demographics can be less important than behavior
- To Rx PrEP asking open ended questions is key
 - Be cautious of assuming risk profiles
 - Heterosexuals and those struggling with IDU are PrEP candidates
- Be flexible with your clients
 - Sometimes PrEP is the right choice, sometimes it may not be

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Poll

What are your biggest challenges to implementing PrEP?

- A. Current HIV screening practices
- B. Institutional buy-in
- C. Adherence
- D. Retention
- E. Cost

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Additional Challenges

- Interactions with other medications
 - lithium, pain or arthritis medicines, IV antibiotics, antiviral medicines, cancer medicines, herpes medications
- Age
 - PrEP is yet approved for those younger than 18, however Truvada has been used to treat HIV for that same population
- Cost
- Client buy-in
- Condom usage
- Time



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Opportunities for success

- Educating clients and providers
- Funding opportunities
 - VA, Medicare and some insurance providers
- Client advisory board
- Peer support
- Comprehensive behavioral health approaches



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PrEP in Your Toolkit for HIV Prevention

- PrEP can be part of your HIV prevention toolkit options
- Prevention and risk reduction plans are flexible
 - The goal is improved client health
 - Even with PrEP, train that condoms are needed to prevent hepatitis, and other STDS
- Train and educate clients to refrain from substance use
- Retention, Retention, Retention!



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Viral Hepatitis Prevention

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Key Differences Among Hepatitis A, B, and C

Hepatitis A virus (HAV)

- <2,000 new cases in the US annually
- Preventive vaccine available – often recommended for travel overseas

Hepatitis B virus (HBV)

- 850,000 chronically infected in the United States
- Preventive vaccine available
- Long-term viral suppression is the treatment goal

Hepatitis C virus (HCV)

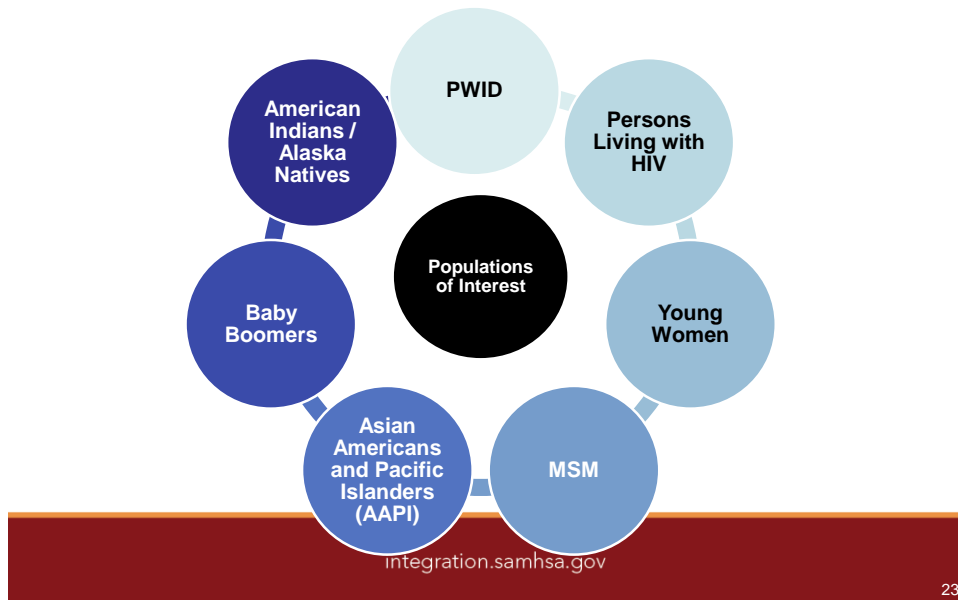
- > 3million chronically infected in the US
- NO available vaccine
- Can be **cured** in >90% of patients

<http://www.cdc.gov/hepatitis/>

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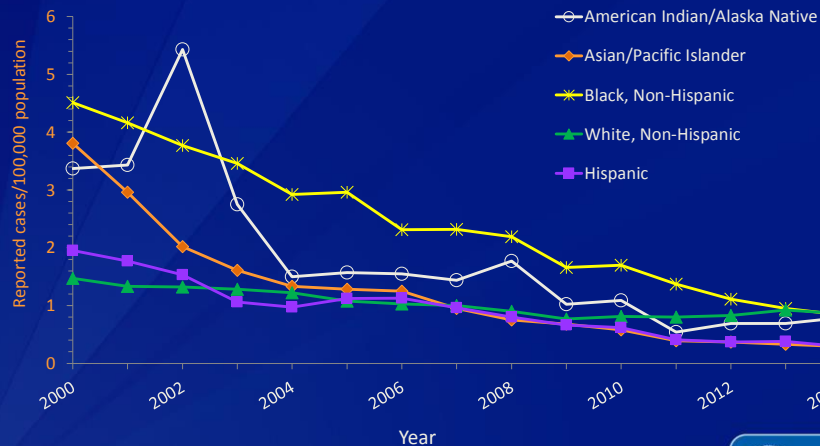
Viral Hepatitis Populations of Interest – Beyond Baby Boomers



Impact of HBV Infection

- Approximately 850,000 living with chronic HBV infection in the United States
 - 15-25% of people with chronic infection develop serious liver problems
- HBV is 50-100 times more infectious than HIV
- Approximately 3,000 deaths annually
- ~1,000 infants are infected perinatally each year

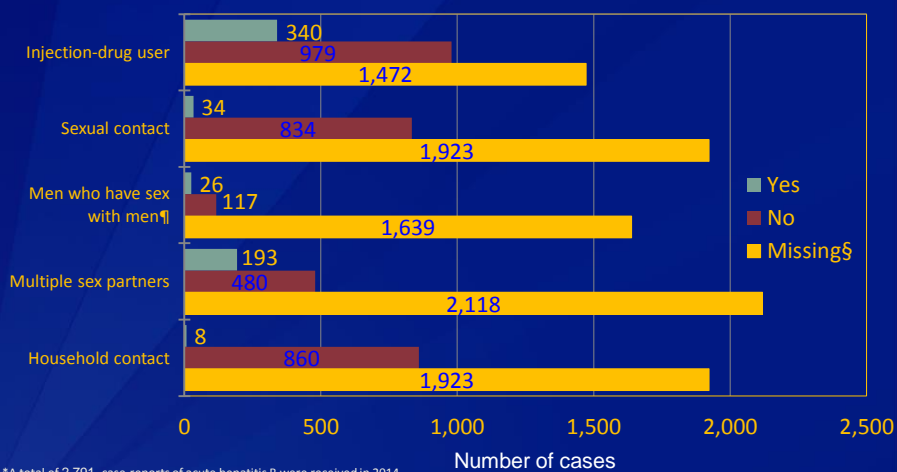
Figure 3.4. Incidence of acute hepatitis B, by race/ethnicity — United States, 2000–2014



Source: National Notifiable Diseases Surveillance System (NNDSS)



Figure 3.6a. Acute hepatitis B reports*, by risk exposure/behavior† — United States, 2014



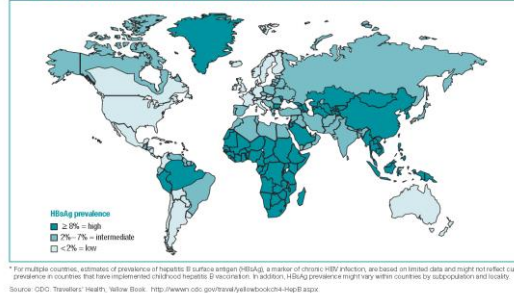
*A total of 2,791 case-reports of acute hepatitis B were received in 2014.
 † More than one risk exposure/behavior may be indicated on each case-report.
 § No risk data reported.
 ¶ A total of 1,778 acute hepatitis B cases were reported among males in 2014.
 Source: National Notifiable Diseases Surveillance System (NNDSS)



Screening Recommendations for HBV

- PWID
- MSM
- Needle-sharing or sexual partners of persons infected with HBV
- PLWH
- All pregnant women
- Persons born in regions with high rates of HBV

Geographic Distribution of Chronic HBV Infection — Worldwide, 2006*



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Adult Hepatitis B Vaccination Rates are Suboptimal

- Only 25% of adults 19 year and older are vaccinated against hepatitis B¹
- An estimated 25% to 44% of those at high risk for hepatitis B infection (e.g., MSM, PWID) are vaccinated¹

1. Williams WW, et al. Centers for Disease Control and Prevention (CDC). Surveillance of Vaccination Coverage Among Adult Populations - United States, 2014. *MMWR Surveill Summ.* 2016;65(1):1-36.

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Barriers to HBV Screening and Vaccination

- Awareness
- Target population identification
- Cultural/language barriers
- Perception of risk/low prioritization
- Interpretation of HBV screening results
- Completion of HBV vaccine series

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Impact of HCV Infection

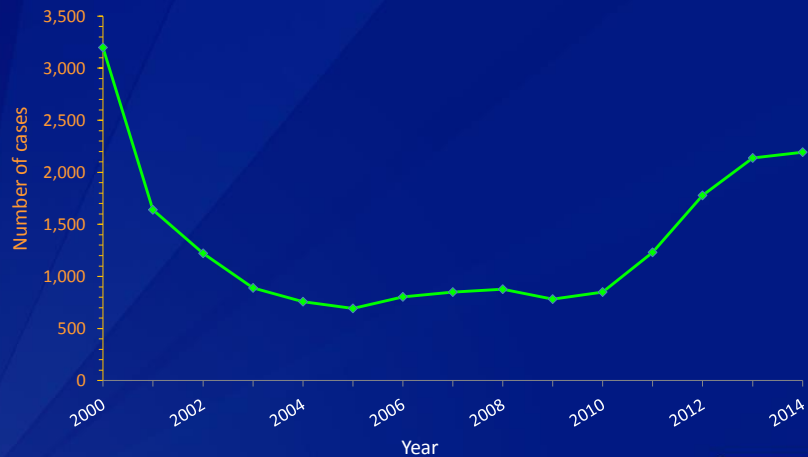
- Over 3 million in the US are chronically infected
- For every 100 people infected with HCV:
 - 75-85 develop chronic infection
 - 60-70 develop chronic liver infection
 - 5-20 develop cirrhosis
 - 1-5 will die from liver cancer or cirrhosis
- Chronic hepatitis C infection is also associated with neurological and psychological symptoms

Armstrong et al. *Ann Intern Med*, 2006; HCV FAQs for Health Professionals, <http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#section1>

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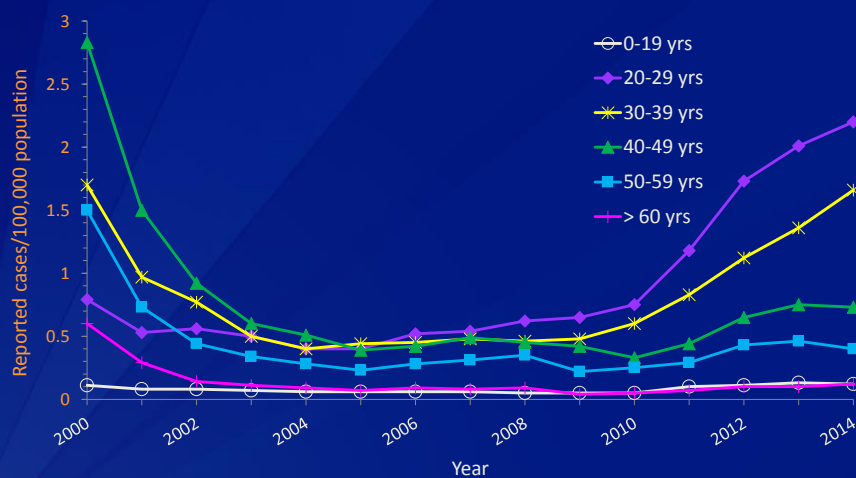
Figure 4.1. Reported number of acute hepatitis C cases — United States, 2000–2014



Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)



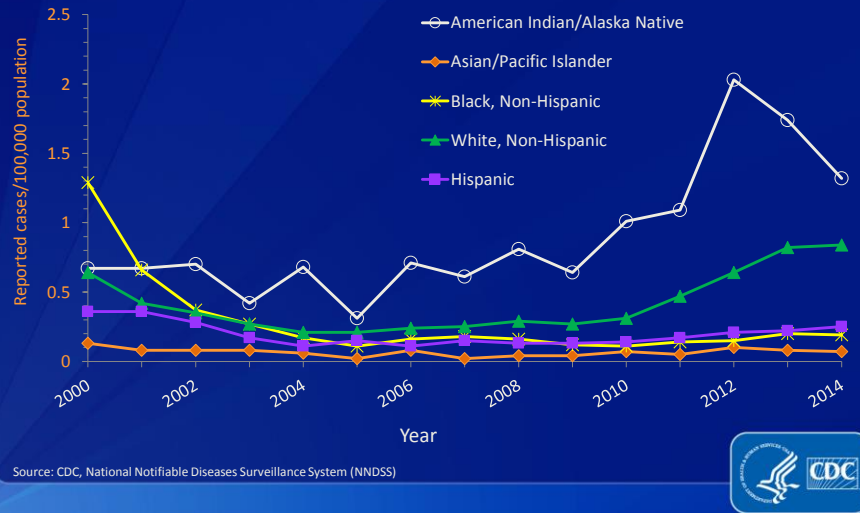
Figure 4.2. Incidence of acute hepatitis C, by age group — United States, 2000–2014



Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)

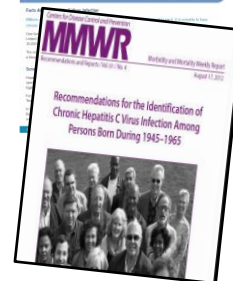


Figure 4.4. Incidence of acute hepatitis C, by race/ethnicity — United States, 2000–2014



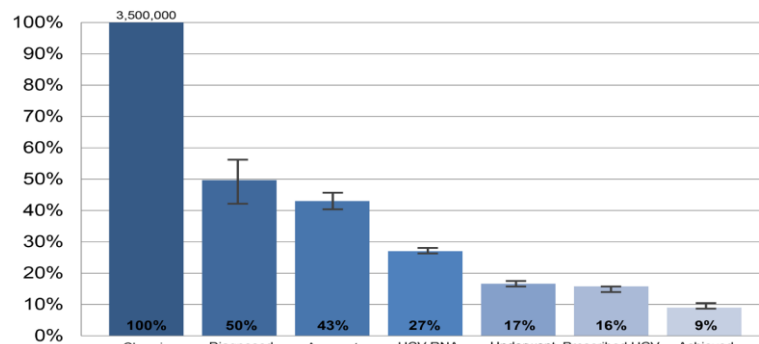
Recommendations for HCV Screening

- One time screening test for persons born 1945-1965 (baby boomers)
- Major risk - past or present injection drug use
- Other risks
 - Received blood/organs prior to June 1992
 - Received blood products made prior to 1987
 - Ever on chronic hemodialysis
 - Infants born to HCV infected mothers
 - Intranasal drug use
 - Unregulated tattoo
 - History of incarceration
- Medical
 - Persistently elevated ALT (liver enzymes)
 - HIV infection (annual testing)



MMWR Aug 2012. Moyer VA, Ann Int Med 2013.

The HCV Care Continuum



* Chronic HCV-Infected; N=3,500,000.

† Calculated as estimated number chronic HCV-infected (3,500,000) x estimated percentage diagnosed and aware of their infection (49.8%); n=1,743,000.

‡ Calculated as estimated number diagnosed and aware (1,743,000) x estimated percentage with access to outpatient care (86.9%); n=1,514,667.

§ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage HCV RNA confirmed (62.9%); n=952,726.

|| Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage who underwent liver biopsy (35.4%); n=581,632.

¶ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage prescribed HCV treatment (36.7%); n=555,883.

** Calculated as estimated number prescribed HCV treatment (555,883) x estimated percentage who achieved SVR (58.8%); n=326,859.

Note: Only non-VA studies are included in the above HCV treatment cascade.

Yehia B, Schranz A, Umscheid, C, et al. The treatment cascade for chronic hepatitis C virus infection in the United States: a systematic review and meta-analysis. *PLoS One*. 2014;9(7): e101554.



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Barriers to HCV Screening and Treatment

- Awareness
- Target population identification
- Perception of risk/low prioritization
- Concomitant risk behaviors
- Need for confirmatory testing
- Perceptions of treatment
- Access to treatment

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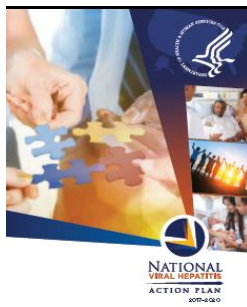
Hepatitis C Prevention – A Lifelong Approach?

- Hepatitis C infection can be cured in over 90% of individuals
- There is no lifelong immunity – reinfection is possible
- Ongoing prevention strategies are needed for those at continued risk

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Viral Hepatitis Resources



- [HHS National Viral Hepatitis Action Plan 2017-2020](#)
- [The ABCs of Hepatitis](#)
- [TIP 53: Addressing Viral Hepatitis in People with Substance Use Disorders](#)
- [Guide to Comprehensive Hepatitis C Counseling and Testing](#)

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Comprehensive Strategies to Addressing Viral Hepatitis

Prevention

- Increase provider and public awareness
- Address risk behaviors
- Vaccination

Screening & Diagnosis

- Routinize screening protocols
- Ensure confirmatory diagnoses
- Support healthy behaviors

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Q&A and Group Discussion

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MAI-COC Community of Practice Session #2: Sharing Integration Innovations

Thursday, March 30
3:00 - 4:30 PM ET

<https://attendee.gotowebinar.com/register/6086783502191416066>

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